UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

THE CITY OF HUNTINGTON, Plaintiff, vs. AMERISOURCEBERGEN DRUG CORPORATION, et al., Defendants.	Civil Action No. 3:17-01362 Hon. David A. Faber
CABELL COUNTY COMMISSION, Plaintiff, vs. AMERISOURCEBERGEN DRUG CORPORATION, et al., Defendants.	Civil Action No. 3:17-01665 Hon. David A. Faber

MONDAY, SEPTEMBER 14, 2020

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

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Remote videotaped deposition of Tricia Wright, M.D., held at the location of the witness in San Francisco, California, commencing at 8:06 a.m. Pacific Time, on the above date, before Carrie A. Campbell, Registered Diplomate Reporter and Certified Realtime Reporter.

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VIDEOGRAPHER:
CHRIS RITONA,
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EXHIBITS

VIDEOGRAPHER: We are now on the record.

My name is Chris Ritona. I am the videographer with Golkow Litigation Services.

Today's date is September 14, 2020, and the time is approximately 11:06 a.m.

This remote video deposition is being held in the matter of the City of Huntington, et al., versus AmerisourceBergen Drug Corporation, et al., for the United States District Court for the Southern District of West Virginia.

The deponent today is Dr. Tricia Wright.

All parties to this deposition are appearing remotely and have agreed to the witness being sworn in remotely.

Due to the nature of remote reporting, please pause briefly before speaking to ensure all parties are heard completely.

Will counsel please identify themselves for the record.

MR. PENDELL: This is Mike Pendell tell from Motley Rice for the plaintiffs in this lawsuit.

MS. FUJIMOTO: Michelle Fujimoto on behalf of McKesson Corporation and on behalf of Dr. Wright.

MR. HURST: John Hurst on behalf of plaintiffs. Motley Rice.

VIDEOGRAPHER: Okay. The court reporter today is Carrie Campbell, and she will now please swear in the witness.

TRICIA WRIGHT, M.D.,

of lawful age, having been first duly sworn to tell the truth, the whole truth and nothing but the truth, deposes and says on behalf of the Plaintiffs, as follows:

DIRECT EXAMINATION

QUESTIONS BY MR. PENDELL:

Q. Good morning, Doctor.

How are you?

A. Good. How are you?

Q. Good. Welcome to this very weird situation where we're doing this via Zoom. But I'll tell you at the outset, I appreciate your time today. Okay?

A. Okay.

Q. Could you just tell me your full name and your address?

A. Tricia Elaine Wright. My home address?

Q. Oh, sure.

A. Yes. 629 Miramar Avenue, San Francisco.

Q. You understand, Doctor, that you're under oath today, correct?

A. I do.

Q. Okay. And you're prepared to testify fully and truthfully, regardless of whether or not your testimony hurts the position taken by any defendant in this case, correct?

A. Correct.

Q. Who are the defendants in this case?

A. My understanding, it is -- well, I am representing McKesson Corporation, and then there is a few other drug distributors.

Q. Okay. And so you sort -- you of anticipated my next question, which was, you understand who it is that you are providing the expert testimony on behalf of?

Is it just McKesson, or is it your understanding that your report is also being provided on behalf of other defendants?

MS. FUJIMOTO: Object. Form.

THE WITNESS: I -- I was hired by McKesson, and then I understood that it was being used in this global matter.

QUESTIONS BY MR. PENDELL:

Q. Okay. And aside from McKesson, do you know who any of the other defendants are in this particular matter?

A. I do not.

Q. I had asked Ms. Fujimoto prior to make sure that you had with you your expert report and your CV. And we're not going to talk about those right now.

But aside from your expert report and CV, do you have any other documents there with you in front of you for the purposes of this deposition?

A. Not for the purposes of this deposition, no.

Q. Did you bring any notes with you to the deposition?

A. I did not.

Q. Am I correct that you did some things to prepare for the deposition today?

A. Yes, I did.

Q. Tell me everything you did to prepare for the deposition today.

MS. FUJIMOTO: Object. Form.

THE WITNESS: I reviewed my expert testimony, looked over my CV. I talked with counsel, and we went over some possible questions, and I looked through some of the past research.

QUESTIONS BY MR. PENDELL:

Q. And when you say "some of the past research," do you mean some of the research that you conducted in doing your

report?

A. Yes.

Q. Okay. So your reliance materials?

A. I'm sorry, I'm not understanding the --

Q. I'm sorry. So what you looked at was reliance materials that were listed at the end of your report?

A. I did not look through them completely, but I did look at the titles and read through the report completely.

Q. Understood.

I just wanted to make sure there was not something other than what was disclosed with your report that you looked at.

A. No.

Q. Okay. Aside from counsel -- and we'll get into your meetings with counsel in a minute -- was there somebody else you spoke with to prepare for this deposition?

A. No.

Q. Okay. Is there anybody you feel that you should have spoken to in order

to prepare for this deposition?

A. No, I don't think so.

Q. That's one of my favorite questions.

You mentioned that you had met with counsel to prepare for the deposition.

Specifically which lawyers did you meet with to prepare?

A. I met with Michelle Fujimoto and with -- I am blanking on their name. There was two other ones.

Michelle, can you -- oh, I can't talk to you.

Yeah, one from McKesson themselves, and I'm blanking on her name.

Q. And was that -- was it your understanding that the one from McKesson was an in-house attorney for McKesson?

MS. FUJIMOTO: Object to form. Don't speculate.

THE WITNESS: It is -- that is my understanding, yes.

QUESTIONS BY MR. PENDELL:

Q. Okay. But as far as you -- your understanding is all the folks you met

with were attorneys, correct?

A. Correct.

Q. How many times did you meet with lawyers to prepare for your deposition today?

A. For this deposition today, I met with lawyers twice.

Q. Okay. And so let me ask you first about the very first meeting you had to prepare for this deposition.

When was that?

A. That was shortly after the Loudin report, in my recollection.

Q. Okay. And how long was that meeting?

A. I would have to look at my notes. I don't recall off the top of my head. I think it was about an hour and a half.

Q. Okay. So we can say approximately an hour and a half, give or take a little bit of time?

A. Yeah, that sounds about right.

Q. Okay. And how about the second meeting; when was that?

A. I met just briefly with Ms. Fujimoto last night on a telephone call.

Q. Okay. And how long was that discussion?

A. Probably -- I'd have to again look at my notes, but probably about 15, 20 minutes.

Q. And I assume that -- well, let me not just assume anything.

That first meeting that you had, was that remotely like we're doing now?

A. Yes.

Q. And then I believe you said you spoke with Ms. Fujimoto via telephone; is that correct?

A. Correct.

Q. Did you -- strike that.

Did you read the complaint in this case?

A. Did I read the complaint?

Q. Yes.

A. I did not read the complaint in this case.

Q. Okay. What is your understanding as to what the plaintiffs in

this case -- and I'm going to say "the plaintiffs." And when I say "the plaintiffs," I'm referring to both Huntington, West Virginia, and Cabell County, West Virginia, okay?

And if for some reason you need me to be more specific about which plaintiff I'm talking about, I don't think that'll be necessary, but let me know and I'll do that.

Okay?

What is your --

A. Oh, go ahead.

Q. So my question was going to be, what is your understanding as to what the plaintiffs in this case allege that McKesson, Cardinal and AmerisourceBergen did wrong?

A. My understanding is that the -- the complaint is that there was some red flags of excess drugs being sent to these counties that should have been picked up on and, you know, leading to an excess of these medications in this county.

Q. Did you ask anyone at McKesson if the allegations were true?

A. I did not.

Q. How about at Cardinal Health? Did you ask anyone at Cardinal Health if the allegations were true?

A. I've never talked to anybody at Cardinal Health.

Q. And I assume you've never talked to anyone at AmerisourceBergen, correct?

A. Correct.

Q. Okay. Would it matter to you if the allegations are proved to be true?

A. It would not matter to me because I don't think those are the issues that my testimony is speaking to.

Q. Would it matter to you personally?

MS. FUJIMOTO: Objection.

THE WITNESS: It would not matter to me personally because --

QUESTIONS BY MR. PENDELL:

Q. Why not?

A. Because this -- that is not the issues that I am speaking to with this deposition and my report.

Q. What subject areas do you

consider yourself to be an expert in?

A. I am an expert in the care of pregnant women with substance use disorders. I am board certified in both obstetrics and gynecology, and I am a -- board certified in addiction medicine, both by the American Academy -- or American Society of Addiction Medicine -- or the American Board of Addiction Medicine, sorry, and the American Board of Preventive Medicine.

I've been taking care of pregnant women with substance use disorders for over 13 years, and I have published widely on the subjects of substance use disorders in pregnancy, including opiate use disorders.

Q. And anything else aside from those areas?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, I'm a general -- obstetrician/gynecologist, so I take care of women throughout their reproductive lives.

QUESTIONS BY MR. PENDELL:

Q. Prior to this case, had you

ever provided professional services to McKesson?

A. Prior to this case, I was retained for the purposes of the NAS lawsuit from McKesson.

Q. Okay. So I was going to get into this in a second.

Let's set aside the opioid litigation for a moment. So setting aside opioid litigation, have you ever been engaged by McKesson to provide any type of professional consulting services?

A. I have not.

Q. And I'm going to ask you anyway, although I think I know the answer to this. How about Cardinal Health?

A. No.

Q. How about AmerisourceBergen?

A. No.

Q. It's my understanding from the cases that I'm involved in that you've been disclosed as an expert in this case for McKesson and also in the State of Washington opioid case.

Is that correct? Is that your

understanding as well?

A. Yes.

Q. Okay. Are there any other cases that you know of that you've been disclosed as an expert witness on behalf of McKesson?

A. Not that I know of, no.

Q. Okay. When were you first contacted about being an expert in this case?

A. In this case, it was either the end of July or the beginning of August. I would have to look at my notes.

Q. And that would be of 2020?

A. Correct.

Q. So I'm sorry, you said July or August of 2020 you were contacted about being an expert.

How soon after you were contacted were you actually retained?

A. I --

MS. FUJIMOTO: I'm sorry, Mike, but you're talking about -- because I -- when we were off camera, you were talking about this case? The West Virginia?

MR. PENDELL: Correct.

MS. FUJIMOTO: Okay.

MR. PENDELL: And correct me if I'm wrong, her testimony was that she was first contacted for this case in July or August of 2020.

QUESTIONS BY MR. PENDELL:

Q. So now my next question is, how soon after you were contacted were you actually retained?

A. Soon --

MS. FUJIMOTO: In this case, not the opioid litigation generally?

MR. PENDELL: In this case.

MS. FUJIMOTO: All right. Thank you.

MR. PENDELL: Sure.

THE WITNESS: Yes, soon after that. I don't know exactly when.

QUESTIONS BY MR. PENDELL:

Q. Okay. Were you provided with any material to review before you were actually retained in this case?

A. I was sent the Loudin report, and I believe -- I'm not sure if it was

before or after I was retained, but I believe it was after.

Q. Okay. Did you do any independent research prior to agreeing to be an expert witness in this case?

A. I did not, other than just knowing what I knew from before.

Q. Did you do any independent research about McKesson or the other defendants prior to your being retained in this case?

A. In this case, no, because I had done -- I looked at -- into it before.

Q. Okay. So you had previously done some of your own research on McKesson prior to agreeing to be an expert witness on its behalf?

A. I am generally aware of what they do and what -- you know, I've been in -- you know, involved in ordering all sorts of supplies from them.

Q. Okay. So prior to your engagement in the opioid litigation, so this case or the Washington case, did you know that in May of 2008, McKesson paid a

$13 million penalty related to its distribution of controlled substances?

MS. FUJIMOTO: Object to form.

THE WITNESS: Yes, I was aware that there was a previous settlement.

QUESTIONS BY MR. PENDELL:

Q. Prior to your engagement in this case, did you know that in September of 2008, Cardinal Health agreed to pay a $34 million penalty and entered into a settlement agreement with the DEA for failing to maintain effective controls against diversion?

Did you know that?

MS. FUJIMOTO: Object to form.

THE WITNESS: I was aware that there were some settlements made. I was not aware of the specifics of the other firms that I was not engaged or hired by.

QUESTIONS BY MR. PENDELL:

Q. Prior to your engagement in this case, did you know that in December of 2016, Cardinal Health agreed to pay a $44 million penalty to resolve allegations

that it failed to report suspicious orders and meet its obligations under the CSA in Florida, Maryland, New York and Washington?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, I did not -- I -- it does not have any relevance to my appearance in this case. And my opinions.

QUESTIONS BY MR. PENDELL:

Q. And finally, prior to your engagement in this case, did you know that in January of 2017, McKesson agreed to paid $150 million penalty for failing to identify and report suspicious orders at its facilities in Colorado, Illinois, New Jersey, Wisconsin, Florida, Maryland, Nebraska, Michigan, Massachusetts, California, Ohio? Did you know that?

MS. FUJIMOTO: Object. Form.

THE WITNESS: Again, it has no relevance in my testimony in this case or my opinion.

QUESTIONS BY MR. PENDELL:

Q. Okay. My question is a little bit different. I'm just wondering whether

you knew that.

MS. FUJIMOTO: Same objection.

THE WITNESS: Again, it has no relevance on the bearing on my opinion in this case.

QUESTIONS BY MR. PENDELL:

Q. Okay. So is that a no, you did not know that?

A. I was aware of some settlements, yes.

Q. Okay. Were you aware of that particular settlement for $150 million in 2017?

MS. FUJIMOTO: Object. Form.

THE WITNESS: Again, I was aware of some settlements. I'm not sure of the specifics of which ones have been done and...

QUESTIONS BY MR. PENDELL:

Q. Who first contacted you about being an expert witness for McKesson?

A. Michelle Fujimoto.

Q. And did you know Ms. Fujimoto previously?

A. I did not.

Q. Had you had any dealings with anyone at McKesson in a professional capacity prior to your engagement in the opioid litigation?

A. No, I have not.

Q. Okay. So you didn't know anyone at McKesson at all?

A. No.

Q. Not even a sales representative?

A. I might have possibly in the past interacted with a sales representative, but I'm generally not the one that does the ordering or anything like that.

Q. Who generally does the ordering?

A. Well, I work with several different practices, so I can't -- you know, it's usually the practice manager.

Q. Okay. Did you know anyone at the law firm, at Ms. Fujimoto's law firm? Setting aside Ms. Fujimoto, did you know anyone at her law firm prior to your engagement in the opioid litigation?

A. No, I did not. Not to my

knowledge, no.

Q. And did you know anyone at Cardinal Health prior to your work on this case or the opioid cases in general?

A. Not to my knowledge, no.

Q. How about at AmerisourceBergen?

A. No, not to my knowledge.

Q. Have you ever done any work with the law firm of Arnold & Porter?

A. I've never heard of them.

Q. Okay. How about the Reed Smith firm?

A. I've never heard of them.

Q. How about Kirkland & Ellis?

A. Never heard of them.

Q. Okay. How about Jones Day?

A. Never heard of them.

Sorry, just a second.

Q. That's okay.

A. I'm muting my phone.

Sorry, go ahead.

Q. Have you ever done any work with the Dechert law firm?

A. Not to my knowledge.

Q. How about Morgan and Lewis?

A. Not to my knowledge.
Q. How about a law firm called Williams & Connolly?
A. Not to my knowledge.
Q. How about Covington & Burling?
A. Not to my knowledge.
Q. Ropes & Gray?
A. Not to my knowledge.
Q. We're almost there, I promise. A law firm called O'Melveny & Myers?
A. Not to my knowledge.
Q. Zuckerman Spaeder?
A. Not to my knowledge.
Q. Barnes & Thornburg?
A. Not to my knowledge.
Q. Holland & Knight?
A. Not to my knowledge.
Q. So is it fair for me to say then that prior to your work in the opioid litigation, you have not done any consulting or any type of professional work with law firms? Is that correct?
A. That is correct.
Q. Okay. I probably could have

just asked you that at the outset.

How much are you being compensated for your work in this case?

A. My rates are $400 an hour for reviewing and talking with counsel, and 550 an hour for depositions and any trial.

Q. Okay. How did you come up with those rates?

A. That was based on what my boss at the time, who had recommended Ms. Fujimoto, had said.

Q. Gotcha.

So your boss at the time was the one who recommended you to Ms. Fujimoto?

A. Correct.

Q. And who was your boss at the time?

A. Her name was Dana Gossett.

Q. Was this when you were working in Hawaii?

A. No, this was -- she -- actually, I had not started working for her. She worked at the University of California-San Francisco.

Q. Okay. Gotcha.

So it's your -- is this your current boss?

A. No, because she left.

Q. Gotcha. Okay.

But at the time, she was your future boss. Then you came there and she was your boss; is that right?

A. That is correct.

Q. Okay. And do you know how she came to know Ms. Fujimoto?

A. I believe she had worked on a previous case.

Q. Gotcha.

And is it your understanding that that was an opioid case?

A. That was not an opioid case.

Q. That was another case.

Was that also for McKesson?

A. I don't believe so, no.

Q. And what is your understanding as to why you were recommended?

A. Because I'm an expert in the treatment of opioid use disorders and pregnancy.

Q. And did the person who

recommend you, is it your understanding that she felt that was outside her expertise?

MS. FUJIMOTO: Object to form.

THE WITNESS: Yes.

That is my understanding.

QUESTIONS BY MR. PENDELL:

Q. Have you spoken to her since your engagement on these cases?

A. Well, I mean, other than for work-related matters, no.

I mean, I spoke to her daily for work-related matters, but not for this case.

Q. Sure. Let me ask you a better question.

Have you spoken to her about your role in these cases?

A. No, I have not.

Q. How many hours have you put into this case to date?

A. I would have to look through my invoices. For this particular case, I believe it was -- because of my previous involvement in the other litigation and having done the reviews for that, I think for

this case alone it's been, I think, approximately eight to ten hours.

Q. And how much time do you expect to spend on this case after today, if any?

A. Well, it depends on what happens with this going forward.

Q. Sure. Okay.

Well, let me ask this: Setting aside the fact that you may testify at trial, do you expect to do anything in this case between today and the time that you're asked to come to West Virginia for testimony?

A. Again, I think it depends on what happens today and in the future. I can't speculate for what is needed.

Q. Has all of your time been billed up till today?

A. I have not submitted any invoices as of yet.

Q. When do you -- I'm sorry, I apologize.

Part of the problem with not being in the same room, too, is sometimes I may think you're done because there's a little lag. And I don't mean to speak up --

over you, so I apologize in advance if that happens from time to time.

When do you generally send out your billing in cases?

A. Generally, when I get around to it.

Q. Fair enough.

So there's no rhyme and reason. It's when you can get it out, you'll do it; is that fair?

A. Yes. Yes.

Q. Who keeps track of how much time you've spent in this matter? Is that something you do?

A. Yes.

Q. And are you the one who prepares the invoices?

A. I am.

Q. And you are charging for your time today, correct?

A. I am charging for my time today, yes.

Q. And you'll also be charging for any time you spent preparing for this deposition, correct?

A. Correct.

Q. Do you charge for your travel time, Doctor?

A. In regards to this case or in regards to what?

Q. Okay. So if you have to show up in trial in West Virginia, San Francisco to West Virginia is a bit of a hike.

Will you charge for the time that you spend traveling from San Francisco to West Virginia for trial?

A. Yes, I will.

Q. Is there anybody who helped you in preparing your report in this case?

A. Other than Ms. Fujimoto, no.

Q. Okay. So you don't have like a staff or an assistant that helped with the research or the writing of the report; is that correct?

A. No, I do not.

I'm in academia. I don't have a whole a lot of support for these things.

Q. You currently are a professor for the University of California, correct?

A. Correct.

Q. And that's in San Francisco?

A. Yes.

Q. Let's talk about that for a minute.

What specifically do you teach at the University of California?

A. So I am a professor of obstetrics and gynecology and also addiction medicine. I teach general obstetrics and gynecology to residents and medical students, and then I serve on the addiction consult service at Zuckerberg San Francisco General Hospital where -- and I also work at The Bridge Clinic there and teach addiction medicine fellows.

Q. So how much of your time is spent actually in the classroom teaching versus clinical work with students?

A. Well, as a medical student professor, we don't teach much in the classrooms. It is more on the wards teaching.

I do teach a one class, a block. So the medical students rotate through the block, and I teach one class a

block for that.

And then in general, the rest of the teaching is during my clinical work.

Q. Gotcha.

And when you're talking about the block that you teach, is that focused on the OB/GYN work or the addiction work or both?

A. It's an -- the intersection, so it's talking about addiction in pregnant women.

Q. Understood.

And how -- strike that.

Do you have to -- as part of your job as a professor, do you hold office hours?

A. No, it's not like that.

Q. Okay. And I assume that's because when people are rotating through clinical work with you, they're seeing you face to face at that time; is that --

A. Correct.

Q. Okay. How much do you get paid as a professor at the University of California?

A. Well, it's a matter of public record. I make what a tier 1 professor of OB/GYN makes.

Q. And do you know what that is?

MS. FUJIMOTO: Object to form. I'm going to object. That's irrelevant. Personal, private information. No need to answer. Annual income is not discoverable.

MR. PENDELL: I believe she just said it was public record, so I think your objection --

MS. FUJIMOTO: Then it --

THE WITNESS: Well, I can tell you what the base salary is, but as -- you know, and you can look it up.

QUESTIONS BY MR. PENDELL:

Q. Sure.

What is the -- what is the base that you know?

A. The base that I know of is 320.

Q. 320.

Who do you report to at University of California-San Francisco?

A. Well, my direct -- the division

director is Andrea Jackson.

Q. And is Ms. Jackson a physician?

A. Dr. Jackson is a physician, yes.

Q. And do you know -- I'm sorry, I didn't mean to cut you off.

A. Oh, and then the department chair is Dr. Amy Murtha.

Q. Is Dr. Jackson an OB/GYN?

A. She is.

Q. Okay. And how about -- I believe you said Dr. Murtha? Did I say that correctly?

A. Yes.

Q. Is Dr. Murtha an OB/GYN?

A. She is.

Q. Do you know if the University of California has a conflict of interest policy that requires professors to disclose their work as a paid expert witness in litigation on behalf of the pharmaceutical industry?

A. Yes, they do.

Q. And what is your basic understanding of that policy?

A. We have to report it to both our supervisors and get permission to act as expert witnesses, and then we have to disclose yearly -- or actually at the time, so it tends to be quarterly, of the amount of time that we spend and the amount me bill.

Q. And you've done that here?

A. Yes, I have.

Q. Who did you have to -- or who did you report to about your work on this case as a paid expert for the pharmaceutical industry?

A. We have an online tracking system.

Q. Gotcha.

Has anyone at the university expressed concern about your being a paid expert for the pharmaceutical industry in opioid litigation?

A. No, they have not.

Q. Have you ever had any discussions with any other faculty at the university about your being a paid, testifying expert for the pharmaceutical industry in opioid litigation?

MS. FUJIMOTO: Object to form.

THE WITNESS: I have not.

QUESTIONS BY MR. PENDELL:

Q. I'm sorry?

A. I said I have not. Not to my knowledge, no.

Q. Do you ever discuss your consulting on behalf of the pharmaceutical industry with your students?

A. I do not. I disclose it at the beginning of all my -- any CME, so continuing medical education. I disclose that I receive consulting income from McKesson.

Q. You disclose specifically what the consulting you're providing is, or is it limited to just that you're consulting?

A. I disclose that I am a consultant.

Q. Do you disclose that you're an expert in opioid litigation?

A. I just disclose I am a consultant, and then if there's further questions, I would disclose what it is about.

Q. Do you teach anything to your students about prescription opioids?

A. I do.
Q. What do you teach them?
A. I teach about kind of safe opioid prescribing practices and also, you know, alternatives to opioids.
Q. Do you tell your students about the risks of addiction associated with prescription opioids?
MS. FUJIMOTO: Object to form.
THE WITNESS: I talk to my students about, you know, the risks of addiction with all medications. You know, any medication can be misused.
QUESTIONS BY MR. PENDELL:
Q. Doctor, is it your position that all medications are addictive?
A. I am not saying that all medications are addictive. I am saying that I have had patients misuse many medications.
Q. Okay. But -- okay. So you do consult -- or, I'm sorry, you do teach your students specifically about the risk of addiction related to prescription opioids; is that right?
A. I teach my students about the

risks of addictions with all psychoactive medications that have addictive properties, including benzodiazepines. I've had patients misuse Benadryl, for that example.

Q. And that includes prescription opioids, correct?

A. That does include prescription opioids.

Q. And you do believe that prescription opioids are addictive, correct?

MS. FUJIMOTO: Object to form.

THE WITNESS: I believe all opioids can be addictive, yes.

QUESTIONS BY MR. PENDELL:

Q. Including prescription opioids, right?

A. Yes, prescription opioids can be addicted {sic}.

Q. Do any of the journals that you work on or on editorial boards require an expert witness in pharmaceutical industry -- strike that.

Do any of the journals that you work on require you to disclose your being an expert witness for the pharmaceutical

industry in opioid litigation?

A. They do.

Q. And have you made those disclosures?

A. I have made those disclosures.

Q. And you've never consulted for any of the opioid manufacturers; is that correct?

A. I have not.

Q. Even in nonopioid-related matters, correct?

A. Correct.

Q. Doctor, are you the creator of any patents?

A. I am not.

Q. Do you own any stock in a pharmaceutical company, to your knowledge?

A. To my knowledge, no.

Q. I appreciate you may have a 401(k) that's administered by somebody else. I'm just interested in, you know, whether or not you know that specifically you've went out and purchased stock in a pharmaceutical company.

A. No, I have not.

Q. How about anyone in your immediate family? Do you know if anyone in your immediate family is a -- has a stock ownership in pharmaceutical companies?

MS. FUJIMOTO: Object to form.

THE WITNESS: Not to my immediate -- or not to my knowledge, no.

QUESTIONS BY MR. PENDELL:

Q. Aside from the hourly work you're doing in this case and the other opioid cases, does any company involved in the pharmaceutical industry have any financial obligation to you?

A. To my -- so are you asking me -- can you repeat that question, please?

Q. Sure.

So aside from the work that you're doing in these opioid-related cases, is there any company involved in the pharmaceutical industry that has any financial obligation that it owes to you?

A. Not to my knowledge, no.

Q. Are there any types of companies that you would not be willing to

provide your professional services to?

A. Yes, I think there are quite a few companies that I think we have moral and ethical obligations not to provide testimony for. I can think of tobacco companies, for example.

Q. I knew that's where you were going to go.

And any others aside from tobacco companies that you can think of?

A. Well, I'm not a big fan of Purdue pharmaceuticals, but that's my own...

Q. What is it about Purdue that makes you not a big fan?

A. Well, they did look pretty bad when they started, you know, using a half-page letter to the editor to justify their work.

Q. Did you do any research about the relationship between Purdue Pharma and McKesson at all?

MS. FUJIMOTO: Object to form.

THE WITNESS: I did not.

QUESTIONS BY MR. PENDELL:

Q. Did anyone describe for you or

tell you about the relationship between McKesson and Purdue Pharma?

MS. FUJIMOTO: Object to form.

THE WITNESS: Not to my knowledge, no.

QUESTIONS BY MR. PENDELL:

Q. Would it surprise you to know that there was a relationship between McKesson and Purdue Pharma?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, given that, you know, drug distributors, you know, have to have business relationships, I'm not -- I would not be surprised.

QUESTIONS BY MR. PENDELL:

Q. Doctor, in your clinical work, you still see patients.

How often do you see patients in a given week?

A. Every day.

Q. And your patients are all women, correct?

A. No, I do see some men in the addiction medicine clinic now.

Q. Okay. But -- fair enough.

But on the OB/GYN side, all your patients are women, correct?

A. Yes, unless they're transsexual men, yeah.

Q. Fair enough. Fair enough.

And you currently treat pregnant women with opioid use disorder; is that correct?

A. I do.

Q. For how many years have you treated women with OUDs? Is it okay if I call it OUD?

A. Yes, that's fine.

I have been treating women with opioid use disorder since 2007.

Q. And I'm going to ask you an unfair question, which are my favorite types of questions to ask.

But ballpark, how many pregnant women would you say you treat in a year?

A. Well, prior to moving here, when I was in Hawaii -- I'm sorry, pregnant women in general or -- I mis --

Q. Fair enough.

What I mean by -- just pregnant

women in general. How many patients would you say you see over the course of a year that are pregnant women?

A. I think that varies, but quite a few. I would say in the hundreds.

Q. Okay. More than a hundred?

A. Yes.

Emily is her name, I forgot her name, and now she just --

Q. Of the pregnant women that you see over the course of a year, how many of those women would you say had a substance use disorder of any kind?

A. Well, currently I -- because I'm mainly treating the general obstetrics population, the -- you know, in our general population if you look at tobacco, alcohol and all -- and cannabis and all other substances, it's generally around 3 to 4 percent.

When I staff an addiction clinic, it's obviously much higher.

Q. What do you mean "by staff an addiction clinic"? What does that mean?

A. Well, there's -- you know, when

I ran my addiction clinic in Hawaii, you know, probably 80 to 90 percent of the patients there had a substance use disorder.

Q. And when is the last time that you staffed an addiction clinic? Was that in Hawaii?

A. No, I staff one here, The Bridge Clinic here, but it doesn't specifically take care of pregnant women.

Q. Understood. Understood.

So going back to -- I believe you said 3 to 4 percent of women that you currently are treating over the course of this -- of a year have a substance use disorder.

What is the percentage of those women who specifically have an opioid use disorder?

A. Well, a diagnosed opioid use disorder is probably less than 1 percent because it is the general obstetrics population.

Q. Let's go back to your time in Hawaii.

What was the -- what was the

general makeup there of women that you treated that had opioid use disorder versus some other substance use disorder?

A. Approximately -- probably 10 percent of opioid use disorder and then, you know, 40 percent methamphetamines, 60 to 70 percent tobacco.

Q. And were you seeing about the same number of patients a year when you were doing your work in Hawaii as you're doing now?

A. In general, I was probably seeing a few less patients. In general, OB/GYN and more patients with substance use dis -- more pregnant patients with substance use disorder.

Q. What has the number of pregnant women with OUD looked like from your perspective over the last 10 to 15 years? Has it increased? Has it decreased?

A. From my perspective, just going from Hawaii, I saw methamphetamines still was the number one drug, but the amount of opioids did increase over that time.

Q. And I'm sorry, I just want to

make sure that I'm understanding your testimony.

When you say increased over that period of time, was that -- the period of time you're referring to, is that while you were in Hawaii or the crossover from Hawaii to California?

A. That was while I was in Hawaii, yes.

Q. And what is it looking like from your perspective now?

A. Well, because I don't have a specific clinic for substance use disorder right now in pregnant women, it -- I can't judge, you know. And it is two different areas. But I can tell you that the great majority of women use more than one substance.

So, you know, there's a lot of opioids, a lot of methamphetamines, a lot of benzodiazepines and alcohol and tobacco.

Q. Doctor, you are not a pediatrician; is that correct?

A. I am not a pediatrician, correct.

Q. How many babies that you delivered over the course of your career have you followed after birth?

A. Well, I have followed their mothers after birth, so I have seen them grow up and -- but I have not followed them as patients.

Q. And you've not provided them medical care, correct?

A. I have not provided them medical care, correct.

Q. How many babies have you delivered over the course of your career that you personally diagnosed with opioid-related NAS?

A. I don't diagnose opioid-related NAS.

Q. And is it okay -- because I know you use the term NOWS and then also NAS. Is it all right if I just say opioid-related NAS when talking about those two conditions?

A. Yeah, I prefer neonatal withdrawal because I think it's a much more accurate term.

Q. So who generally would diagnose

one of the babies that you delivered with NAS after delivery?

A. Generally the pediatricians taking care of those babies.

Q. There is some transience with your patient population; is that correct? Is that fair?

A. Define transience.

Q. Sure. So some of the pregnant women that you treat sometimes move, and you don't see them again after a certain period of time of treating them; is that fair?

A. Yes, that is fair.

Q. And some of them may just for some reason stop coming or they may find another OB/GYN.

That happens from time to time, correct?

A. That does happen from time to time, yes.

Q. How often would you say -- how often would you say that you lose patients in a given year, for moving or whatever reason?

A. Well, when we've looked at our follow-up rates, you know, and in general,

you know, given that I'm a general OB/GYN, some don't follow up for -- in any population.

But when we looked at our follow-up rates at the clinic I was at, it was -- we had about 50 percent that we would see again.

Q. Doctor, do you agree that approximately 35 percent of people treated with opioids for chronic pain go on to develop an opioid use disorder?

A. I do not agree with that.

Q. Tell me everything that supports your position on that.

A. I have read many reports that have looked at rates varying anywhere from less than 1 percent to 30 to 40 percent. It's really hard to pin down that number because it is so complicated in who has prescribed it, whether they had a preexisting substance use disorder, including tobacco or alcohol, and other risk factors going along with that.

Q. What is the -- is there a percentage that you generally think is the

appropriate percentage of people treated with opioids for chronic pain that go on to develop opioid use disorder?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, it depends on the population and the reason why they're being treated for the chronic pain and whether they had a coexisting substance use disorder and other risk factors.

QUESTIONS BY MR. PENDELL:

Q. Do you agree that women are more likely to prescribe opioids for pain relief than men?

A. I do agree with that.

Q. And do you agree that women are most often prescribed opioids for conditions for which they are not effective, like migraine, fibromyalgia or osteoarthritis?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, I was going to say, you've looked at some of my presentations, haven't you?

QUESTIONS BY MR. PENDELL:

Q. I read everything, Doctor.

A. I figured as much.
Q. So you do agree with that?
A. I do agree with that.
Q. And you do agree that the great majority of women who received prescription opioids were of childbearing age, correct?
A. I do agree with that.
Q. And you agree that because of that, it has led this country to its current epidemic of infants needing treatment for neonatal abstinence syndrome?
MS. FUJIMOTO: Object to form.
THE WITNESS: And you are -- you are taking something out of a presentation I gave and not looking at the entire picture. But, yes, we do -- if you look at the Patrick article which you are talking about, there was an increase. But to say that it is simplistically because of prescription opioids is nuanced, to say the least.
QUESTIONS BY MR. PENDELL:
Q. In what way?
A. There are many other factors,

and I talk about the -- you know, if you looked at that thing, it shows the book Dreamland, and it shows the many nuanced factors that led to the opioid -- if you want to call it a crisis and overprescribing.

Q. You do agree, though, that one of the common factors was the prescribing of prescription opioids, correct?

A. I think, looking in retrospect, I think we did definitely prescribe opioids.

Q. And do you agree that treating babies born with opioid-related NAS cost the United States over $500 million annually?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, that is something that was quoted.

QUESTIONS BY MR. PENDELL:

Q. I'm sorry, something that was quoted?

A. In one of those papers, yes.

Q. Any reason to disagree with that?

A. I have no reason to disagree.

Q. Do you agree that pregnant women being treated for OUD have babies that

do better than pregnant women with OUD that are not being treated by medical professionals for OUD?

A. I do agree that women with opioid use disorder who are treated appropriately with medications do much better.

Q. And their babies do better, correct?

A. And their babies do better, correct.

Q. Doctor, it's my understanding you hold a waiver to prescribe bupe; is that correct?

A. Yes, I do prescribe buprenorphine. I do hold a waiver.

Q. I call it bupe because as many times as I practice, I can never say it appropriately, so...

A. At least don't call is subs.

Q. What is bupe?

A. Buprenorphine is a partial opioid agonist. So it works on the opioid receptors, partially -- it blocks the effects of other opioids, but it does not activate

the opioid receptor, so that you don't get the feelings of euphoria.

Q. And it is used to treat opioid use disorder the same way that methadone is used, correct?

A. It is used to treat opioid use disorder, yes.

Q. And I understand they're not the same thing, but they're used for the same purpose with regards to OUD, right?

A. Yes, correct.

Q. How long do your patients typically remain on bupe?

A. They can remain on bupe anywhere from -- you know, if they tolerate and do well, it, you know, could be a long-term treatment. Or, you know, if they don't tolerate it, they may not stay on it and may need to be on something else.

Q. In patients that can tolerate it, it could possibly be years that they're on it, correct?

A. Correct.

Q. Some people could possibly be on it for life; is that correct?

MS. FUJIMOTO: Object to form.

THE WITNESS: We haven't -- we haven't had that much experience with it to say that they would need to be on it for life, but we know that there are -- just extrapolating from people that are on methadone, we know that they need life-long treatment, or can need lifelong treatment.

QUESTIONS BY MR. PENDELL:

Q. It's not outside the realm of possibilities; is that fair?

A. It's not outside the realm of possibilities. I liken it to the treatment of diabetes. You know, some people are able to lose weight and get off their diabetes medications.

Q. And having read what I've read and what I know about you, I assume you agree that in those instances where the alternative is, you know, someone either being treated by bupe or going back to, you know, being opioid dependent, it's your position that they should remain on bupe if they can tolerate it, correct?

MS. FUJIMOTO: Object to form.

THE WITNESS: It is my opinion that people that are successfully treated on buprenorphine do much better than if they go back on to other opioids that they were misusing, correct.

QUESTIONS BY MR. PENDELL:

Q. Can you tell me some of the people that you consider to be experts in opioid addiction?

A. You know, in the field, in pregnant women in general or in opioid -- I mean, the field is huge.

Q. Let's start just with opioid addiction.

Like, who do you look to as authoritative?

A. There's many people that I look to as authoritative. You know, off the top of my head, I -- you know, I'm thinking of my colleague, Mishka Terplan, who treats opioid use disorder in pregnant women. You know, the list is huge, so...

Q. How about with regard to

opioid-related NAS? Aside from yourself, who are the folks that you look to as authoritative or experts in that field?

A. Well, Loretta Finnegan certainly, you know, having come up with the Finnegan Score, and Karol Kaltenbach because they both wrote the chapter in my textbook.

And then the people out of Yale who came up with the eat, sleep, console method.

Q. Have you heard of Dr. Matt Grossman?

A. I have heard of him, yes.

Q. Do you consider him to be an expert on opioid-related NAS?

A. I am not familiar enough with his work to say for sure.

Q. Setting aside bupe and methadone and other medications used to treat OUD, have you yourself ever prescribed an opioid for pain relief?

A. I have.

Q. How often have you done that?

A. Well, I'm also a gynecologic surgeon, so after cesarean section and

hysterectomies, it is appropriate to prescribe opioids in small amounts.

Q. In those instances you just gave me, I assume that those opioids -- you would consider that prescribing opioids for acute pain; is that fair?

A. That is fair.

MS. FUJIMOTO: Object to form.

QUESTIONS BY MR. PENDELL:

Q. Have you ever prescribed an opioid for chronic pain?

A. I have.

Q. How often have you done that?

A. Not that often, but a fair amount because I also have women with chronic pain who were referred to me during pregnancy who were being treated for their chronic pain, and then their chronic pain physicians decided that they didn't feel comfortable treating pregnant women, and, you know, talking to them about alternatives and -- of -- with opioids. Sometimes it is appropriate to continue the medication.

Q. For what conditions have you prescribed opioids? What type of chronic

conditions?

A. Well, I've had some patients who have been on chronic pain {sic} for some things like sickle cell anemia. You know, even some conditions that may or may not have been appropriate, it is working for them. Chronic, low back pain.

Q. And what type of -- or what opioids have you prescribed; do you remember?

A. I have prescribed, depending on what they have been on before, oxycodone, hydrocodone, even codeine.

Q. Do you have a go-to brand or a preferred opioid that you prescribe more than others?

MS. FUJIMOTO: Object to form.

THE WITNESS: I don't have a -- I don't prescribe by brands. I use generics whenever possible.

QUESTIONS BY MR. PENDELL:

Q. Sure. Okay.

So do you have -- do you have a type of generic like, for example, a fentanyl patch versus, you know, a pill? Is there one that you -- you know, you prefer over

another?

A. Well, if I'm treating chronic pain, generally it's not that I have initiated it. I generally will continue what they have been on before.

Q. And let me ask you a little bit about that, Doctor.

Is part -- is part of your -- if a pregnant woman comes to see you and she's already being prescribed opioids for chronic conditions from another doctor, do you have concerns about weaning that woman off the opioids while pregnant?

MS. FUJIMOTO: Object to form. Foundation.

THE WITNESS: I'm not sure what you mean by "concerns." I mean, there's some instances where it is appropriate, if she's wanting to wean down, to wean down during pregnancy, and there are some instances where it's not appropriate to wean down the medications.

QUESTIONS BY MR. PENDELL:

Q. Doctor, you've never been

deposed before; is that right? This is your first time?

A. This is not my first time. I've before deposed as a witness in another litigation of a colleague.

Q. Okay. So were you a fact witness, what's called a fact witness, in that case?

A. Yes.

Q. Was that a medical malpractice case?

A. It was.

Q. Did you have to testify at trial or was it just at deposition?

A. Just at deposition.

Q. And that's the only other time you've ever given sworn testimony?

A. No, I had a deposition of my own for a medical malpractice case.

Q. And you were a defendant as --

A. Yes.

Q. And did you have to testify at trial or just at deposition?

A. Just at deposition.

Q. And did that case settle?

A. Yes.

Q. And so I'm correct then, those were both as fact depositions, and aside from today, you've never been deposed wearing the expert witness hat; is that fair?

A. That is correct.

Q. Have you ever submitted a report in a case as an expert witness, aside from the opioid litigation?

A. Aside from the opioid litigation, no, this is the first time.

Q. Okay. So you've never been precluded by a court. Your expert opinions have never been precluded by a court as we sit here today, correct?

A. Yes. I -- well, I've -- was going to testify for a case in Missouri, but that case was dropped. It was a criminal case, and I was testifying for the defense.

Q. Gotcha.

And you didn't submit a report in that case, though; is that right?

A. I did not.

Q. But the case went away before you got to do your thing; is that fair?

A. Correct.

Q. All right. This allows me to cut out a whole bunch of questions, so it's good for you.

MR. PENDELL: Ms. Fujimoto, we've been going for an hour and ten minutes, and I'm happy to keep going, or if -- Doctor, if you need to quick a break, we can do that, too, because I'm moving on to another area of questioning. It's up to you-all.

MS. FUJIMOTO: I'm going to leave that up to Dr. Wright.

How you doing?

THE WITNESS: Let me just go get a cup of tea real quick and I'll be right back.

MS. FUJIMOTO: Let's take a short five, ten-minute break.

VIDEOGRAPHER: 12:07 p.m. We are off the video record.

(Off the record at 12:07 p.m.)

VIDEOGRAPHER: 12:14, we are on video record.

QUESTIONS BY MR. PENDELL:

Q. Welcome back, Doctor.

Have you ever testified before Congress?

A. I have testified at the White House, not before Congress, no.

Q. What was your testimony at the White House in regards to?

A. That how we need more addiction providers.

Q. And when was this, approximately?

A. It was approximately 2019, I want to say May, but I'm not positive.

Q. So it was before the Trump White House?

A. No, it was -- it was during the current administration.

Q. That's what I mean, the Trump -- the Trump White House?

A. Yes.

Q. And was it actually -- were you actually testifying to the president, or who were you testifying to?

A. No, to the ONDCP.

Q. And the ONDCP is?

A. The Office of National Drug Control Policy, I believe. That's the acronym.

Q. Were there -- I'm sorry. Were there any other doctors who were there speaking with you?

A. Yeah, there were several other doctors. It was about addiction medicine and the need for more addiction medicine providers.

Q. So let me ask you this to follow up on that.

You do agree that there is a need nationally for more addiction provider doctors, correct?

A. Yes, there is definitely a need for more addiction medicine providers.

Q. Have you ever testified before a legislative committee?

A. In the state of Hawaii I have.

Q. And what was your testimony in the state of Hawaii in regards to?

A. In regards to get money to start the perinatal addiction treatment

center that I set up in Hawaii.

Q. What year did you set that up?

A. In -- I opened in 2007.

Q. And so approximately what year was your testimony?

A. Well, several times over 2006, 2007.

Q. Is it your understanding that that testimony is publicly available?

A. It is my understanding.

Q. Have you ever been interviewed in either a personal or professional capacity by the DEA?

A. Well, everybody that gets a buprenorphine waiver has to inter -- they have an office visit from the DEA.

Q. And setting aside that interview with the DEA for the purpose of getting a bupe waiver, have you ever been interviewed in any personal or professional capacity by the DEA?

A. Not to my knowledge, no.

Q. Am I correct that that interview that you did with the DEA for the bupe waiver, that was just a conversation?

You didn't submit any written testimony, correct?

A. Correct. Just a conversation and an office visit.

Q. Have you ever been interviewed in a personal or professional capacity by the Department of Justice?

A. Not to my knowledge, no.

Q. Have you ever been interviewed in either a personal or professional capacity by the FDA?

A. No, not to my knowledge.

Q. Have you done -- have you ever been interviewed in either a personal or professional capacity by the CDC?

A. By the CDC?

Q. Yes.

A. I -- I have done some work for the CDC on -- and actually visited the CDC for Screening, Brief Intervention and Referral to Treatment.

Q. And when was it that you did that with the CDC?

A. 2012, I believe. I would have to look at my records.

Q. Did you provide any sworn testimony or statement to the CDC?
A. No.
Q. And I assume no -- I asked you about interviews, but no sworn testimony or sworn statements to the FDA or the DOJ either, correct?
A. Correct.
Q. Is there any other work that you have done in your professional capacity for the government that I've not asked you about?
A. Not to my recollection.
Q. Have you ever testified before a grand jury?
A. No.
Q. Have you ever been charged with a crime or a misdemeanor?
A. No.
Q. Have you been arrested?
A. No.
Q. Have you ever faced any disciplinary hearings in your professional capacity?
A. No.

Q. Do you advertise your availability to testify as an expert witness?
A. I do not.
Q. Does someone advertise on your behalf?
A. No.
Q. So how do you promote your expert witness services?
A. I don't promote it.
Q. And no one else promotes it on your behalf?
A. No.
(Wright Exhibit 1 marked for identification.)
QUESTIONS BY MR. PENDELL:
Q. If we could look, Doctor, at Exhibit 1, which I marked ahead of time. It's going to be your CV.
A. Uh-huh.
Q. And this was the CV that was provided to us along with your report.
Do you have that?
A. Yes.
MR. PENDELL: Court reporter, may I -- I sent a link to these, so

hopefully you have them and they've already been premarked.

QUESTIONS BY MR. PENDELL:

Q. Is this CV up to date?

A. There's a few talks and one paper that have not been put on it. I was just looking over it this morning and saying, oh, I need to update that.

Q. Were those -- let's start with the talks.

Were the talks done in 2020?

A. Yes.

Q. And what were the talks generally?

A. In general, it was the American Society of Addiction Medicine on -- it was on alcohol use disorders in pregnancy.

Q. Was that pre-COVID?

A. No.

Q. And were both talks on that subject matter?

A. One talk was for the ASAM, and then we -- I did have a conference in January about the same, actually, alcohol use disorders in pregnancy, and also stigma and

racial or social justice.

Q. And I believe you also said that there was a paper?

A. Yes. It hasn't come out yet, but it was on maternal mortality.

Q. And you anticipated another question I had which -- well, we'll get to it.

If there are any updates to your CV between now and the time of trial, I just ask that you let Ms. Fujimoto know so she can take whatever steps she needs to let know me that something has changed.

Okay? Is that --

A. I will.

Q. I appreciate that.

Do you have a different CV for non-testifying work, or is this your only CV?

A. This is my only CV.

Q. If you look at the section that says "Selected Presentations." I believe that's on page -- yeah, I'm sorry, National, International Invited Conferences and Symposium Presentations on page 7.

You just updated that for me,

that's correct? That's what you're talking about with regards to additional presentations?

A. Yes.

Q. You're license to practice in Colorado, according to your CV, is currently inactive, correct?

A. Correct.

Q. Why is that?

A. Because I moved from Colorado and I didn't keep it active.

Q. And you used to teach in Colorado; is that correct?

A. I was in private practice, but I was a teaching physician for the University of Colorado, so I had a few residents in surgery or deliveries with them.

Q. So was that in the Boulder area where you were practicing?

A. No, it was in Aurora.

Q. Aurora. Gotcha.

You mentioned one article that is not yet published that's not listed here; is that right?

A. Yeah.

Q. Does that relate to opioids?
A. Yes, it's maternal mortality and need for OB/GYNs to be more conversant in the treatment of opioid use disorder to prevent maternity mortality.
Q. And do you have any coauthors on that article?
A. I do.
Q. Who are the coauthors?
A. Marcela Smid, Mishka Terplan, and Charles Shauberger.
Q. And is there a particular place -- strike that.
Do you know, sitting here today, where it is going to be published?
A. At the American Journal of OB/GYN MFM.
Q. And will that be published this year?
A. Yes.
Q. Any article that you're currently working on or publications you're working on that have not yet been sent out for publication or are being shopped around for publication?

A. There is one I'm working on on smoking cessation that I'm still working on.

Q. Are you working with anyone on that article?

A. My former resident.

Q. Have you ever spoken at any conferences involving the legal industry?

A. Involving -- I'm not familiar with those conferences.

Q. So you've never been to any conferences that were put on for lawyers specifically?

A. No.

Q. Are there lawyers, to your knowledge, that attend the presentations that you do for the medical community?

A. I would assume so.

Q. Is that something that you've investigated or kept track of?

A. No.

Q. So on page 8 of your CV, you have a -- there's a presentation that you have listed here a couple of times called "NAS is temporary; FAS is permanent."

Do you know which one I'm

talking about?

A. Yes.

Q. Did you read from a prepared speech, or do you have a PowerPoint or a visual aid that you would use at that presentation?

A. I have a PowerPoint that I would use, yes.

Q. And is that updated from presentation to presentation?

A. I attempt to, yes.

Q. Have you maintained a copy of that presentation?

A. I do have a copy of that presentation.

Q. And who is -- who is the audience, generally, when you give that presentation?

A. It is either obstetrician/ gynecologists or addiction medicine providers.

Q. And can you tell me generally about what your message is or the conclusions you make in that presentation about NAS being temporary?

A. Yes. So my conclusions are that fetal -- or fetal alcohol syndrome is a permanent, lifelong condition caused by alcohol use during pregnancy, and it often coexists with neonatal abstinence syndrome, so that for the addiction medicine providers, I am having them focus and looking for co-occurring alcohol use along with the opioid use.

And for the OB/GYNs that focus -- I'm trying to get them to screen for alcohol use during pregnancy, which is much more harmful than opioid use.

Q. And do you cite to any studies for the proposition that NAS is temporary?

A. Yes, there's very many studies looking at long-term outcomes. We've had almost 50 years of experience with methadone. And when they've looked at the children and now adults, when you control for other factors, including co-occurring tobacco use, alcohol use, poverty, poor diet, systemic racism, there has been no effects that can be directly linked to the opioids themselves.

Q. So, Doctor, can you say to a

reasonable degree of medical certainty that NAS is temporary?

A. I can say that, yes. It is a temporary and treatable condition.

Q. If I'm able to work it out with Ms. Fujimoto, do you personally have any objection to sharing that presentation with me?

A. I do not. I think it's available on the Internet probably.

Q. Okay. I appreciate that.

MS. FUJIMOTO: And, Mike, we can work with you off the record on that request.

MR. PENDELL: I appreciate that.

Just what I wanted, more reading material.

QUESTIONS BY MR. PENDELL:

Q. On page -- also on page 9 -- I'm sorry. On page 9 of your report -- of your CV, not your report, there's a 2017 presentation on Opioid Use Disorders During Pregnancy: An Update.

Do you see what I'm talking

about?

A. Yes.

Q. I assume this is a document, a presentation, that you also maintain in your files or your records?

A. Yes, it should be there.

Q. And what was the update that you were providing; do you remember?

A. There was a study in 2016 that some researchers in Tennessee showed a group of women who were withdrawn from opioids showing relative safety, in their words, of withdrawing the babies -- or sorry, strike that -- withdrawing the women during pregnancy from opioids and looking at the birth outcomes.

And my update was that it shouldn't change the standard of care for treating women with opioid use disorders, because they didn't look at the babies afterwards. And also, the groupings, a lot of the women were forced to withdraw, including a quarter of the women were actually incarcerated.

So I was giving the update that

this new study shouldn't really change their management.

Q. And same question as before: Assuming that I am able it work it out with Ms. Fujimoto, you don't personally have any objection to sharing that presentation with you, do you?

A. I do not.

Q. One more I wanted to ask you about, also on page 9, was a 2016 presentation called Emerging Crisis of Opioid Addiction.

Do you see that one?

A. That was the title given by the HRSA, yes.

Q. It was given by who?

A. It was put on by HRSA, and they asked me to give this webinar.

Q. What is HRSA?

A. The Health Resources and Service Administration.

Q. And they contacted you and asked if you would do this presentation on this topic?

A. Correct.

Q. Is that -- did you have any prior dealings with HRSA, prior to them reaching out to you for this particular topic?

A. No.

Q. Do you know how they came about you or reached out to you specifically? Was it by word?

A. Probably either through the American Society of Addiction Medicine or the American College of Obstetrics and Gynecology.

Q. And is that -- was that a presentation that you still have as well?

A. I believe so, yes.

Q. And again, assuming I'm able to work it out with Ms. Fujimoto, do you personally have any objection to sharing that with me?

A. No, and I believe it's still available online.

Q. And can you give me a general synopsis about the presentation?

Did you discuss any conclusions or the cause of the emerging crisis from your

perspective?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, my -- going back to my recollection, it was mostly on the need to treat opioid use disorders and substance use disorders in general and to broaden the perspective for the visiting nurses.

I mean, my feeling is that all women deserve to have home visiting after birth, not just opioid or substance use -- women with substance use disorder.

QUESTIONS BY MR. PENDELL:

Q. And, Doctor, from listening to you talk today and reading all the stuff I've read about you, fair for me to say you agree that people with opioid use disorder -- we can say specifically women -- or pregnant women with opioid use disorder should be treated for opioid use disorder, correct?

A. I believe all people with substance use disorder, in general, should be treated.

(Wright Exhibit 2 marked for

identification.)

QUESTIONS BY MR. PENDELL:

Q. Okay. I'm going to go now to Exhibit 2. I'm going to introduce Exhibit 2, Doctor, which is a copy of your report.

Looking at your report, Doctor, page 11, that signature there is yours, correct?

A. That is an electronic version of my signature, correct.

Q. And is this report a complete statement of the opinions that you intend to express in this case, sitting here today?

A. It is a complete expression of my opinions, correct.

Q. Are there any changes or supplementations that you need to make to this report, sitting here today?

A. Not to my knowledge, no.

Q. Were you asked to make any assumptions in rendering your opinions in this report?

A. I was not asked to -- these are my opinions.

Q. On page 12 of your report,

there is a -- the section that starts "Materials Considered and/Or Relied Upon."

Do you see that?

A. Yes.

Q. And is this a complete list of the materials that you considered or relied on in rendering your opinions in this case?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, my opinions are based on not only my extensive review of the literature but also from the 13 years that I've spent taking care of women with substance use disorder. So I can't say that this is, you know, the complete knowledge of my head.

QUESTIONS BY MR. PENDELL:

Q. Sure.

I appreciate -- setting aside your experience and, you know, the stuff that you learned in medical school --

Am I still on? Can you still hear me, everyone?

MS. FUJIMOTO: Yes.

QUESTIONS BY MR. PENDELL:

Q. Sorry, my thing looked like it froze up.

So, Doctor, setting aside your medical school training and your experience practicing medicine, focusing on written materials and things that you reviewed specifically for -- to render the opinions that you have in this case, is this a complete list of the written materials that you considered or relied upon?

A. This is a complete list of -- yes, for -- but, again, I can't -- there's a lot of things in my -- from my experience and past.

Q. Any corrections or supplementations you need to make to the list of the materials, things that you considered, sitting here today?

A. Not that I know of, no.

Q. And as far as written materials go, is it fair to say that if a piece of written literature does not appear on this list, you did not consider it specifically for this case?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, there are many, many things that I have read over the years that I can't -- that form the basis of my opinions that I can't begin to, you know, write them all down.

QUESTIONS BY MR. PENDELL:

Q. Is there anything in particular you can think of that you -- that you would have relied on because it's in your head that you did not write down?

A. Not that I can think of off the top of my head.

Q. Did you select these materials considered yourself?

MS. FUJIMOTO: Object to form.

THE WITNESS: Some of them I selected and some were sent to me.

QUESTIONS BY MR. PENDELL:

Q. They would have been sent to you by the lawyers, correct?

A. Correct.

Q. Are there any documents you requested from defendant's lawyers that you

did not receive?

A. No.

Q. I wanted to -- on page 3 of your report, and you can look at this if you'd like to, but this is a very general question. I just wanted to orient you to where I was getting.

On page 3 of your report where it starts to go into substance of your report, at the top it says, "Dr. Loudin's report and the opinions oversimplify a complex and multifactorial problem," and then in parentheses it says "addiction," "that has plagued this country for decades."

Do you see that?

A. Yes.

Q. You read Dr. Loudin's report, correct?

A. I did read Dr. Loudin's report, yes.

Q. Did you read any of the materials that Dr. Loudin references or relied upon in that report?

A. I did not read all of them, but I did read a great majority of them, yes.

Q. Do you recall sitting here today what ones you read?

A. I looked at his -- some of his supplementary things on the -- because some of the things he quoted, like a 10 percent rate of women with opioid use disorder in this country, and I tried to see where that came from because that number made no sense to me.

Q. Can you tell me all the factors that you believe contribute to the addiction problem that you say has plagued this country for years?

A. I think there -- it's so multifactorial. I mean, poverty, but it really -- systemic racism, the war on drugs. The former Surgeon General would say our inability to connect with each other as human beings, isolation.

Q. Any others that you can --

A. Adverse -- sorry, I forgot the most important one, which is childhood adverse events.

Q. Any others you can think of?

A. Oh, there's many, many others,

yes, but those are the ones that come off the top of my head.

Q. Is the availability of a particular drug a factor?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, I think that is a factor in all societies, whatever is -- will -- whatever is available will be used.

QUESTIONS BY MR. PENDELL:

Q. And how about societal acceptance of a particular drug, is that a factor?

MS. FUJIMOTO: Object to form.

THE WITNESS: That is definitely a factor.

QUESTIONS BY MR. PENDELL:

Q. And in your opinion, how did Dr. Loudin oversimplify the addiction crisis?

A. Well, he blamed it all on the availability of prescription opioids when -- and ignore -- and said that that led to this addiction crisis, when, you know, the first drug that's usually used is alcohol or tobacco. And people get addicted to very

many drugs, not just opioids.

Q. And when Dr. -- in Dr. Loudin's report, was Dr. Loudin making that -- making that statement particularly about Huntington and Cabell County, West Virginia, or was Dr. Loudin making that statement nationally?

MS. FUJIMOTO: Object to form.

THE WITNESS: He was making the -- I believe just from my recollection, having read the report a while ago, is that he was making it both nationally and locally.

QUESTIONS BY MR. PENDELL:

Q. Did you do any research specifically about the addiction crisis in Huntington, in Cabell County, West Virginia?

A. Other than Dr. Loudin's report and looking at his data, no.

Q. Did you read any other expert reports in this case other than Dr. Loudin's?

A. Not particularly for this case.

I don't have any other --

Q. You may have looked at expert reports for other opioid cases; is that what you're telling me?

A. Yes.

Q. But with regards to the West Virginia -- I'm sorry, the Huntington, West Virginia, in Cabell County, West Virginia case today, you only read Dr. Loudin's report; is that right?

A. That is correct.

Q. How about any deposition transcripts? Did you read any deposition transcripts from this case?

A. I can't recall because they're blending together with the other case, to be honest.

Q. Do you know if Dr. Loudin has been deposed in this case?

A. I don't recall.

Q. So it's fair to say if Dr. Loudin has been deposed, you probably didn't read Dr. Loudin's deposition in this case, correct?

A. I can't recall, no.

Q. Have you considered any additional material following the submission of this report?

A. What do you mean, "considered

any additional material"?

Q. Sure.

So after the time that your report was written and provided to counsel to produce in this case, I'm just wondering whether, for example, there are other articles you went back and read or, you know, whether you went back and read, you know, additional materials that Dr. Loudin had cited that you did not read prior to writing your report, stuff like that.

A. I did look at -- like I said, I was trying to figure out where he got the 10 percent value, so I looked at that, but I don't remember -- I mean, I read constantly about opioids, about -- also about all substances in general, so -- to say, you know, anything specifically for this report or not.

Q. Well, let me ask you -- let me ask you a slightly different question.

Have you read anything related to -- strike that.

Have you read anything after the submission of this report that has led

you to either change your opinions or strengthen your opinion or change your opinion in any way?

A. No.

Q. Do you have a case file for this case? Do you keep a file at home or something?

A. I have a file on my computer, yes.

Q. So you keep it in your file, so it's electronic?

A. Yes.

Q. What's in the file generally?

MS. FUJIMOTO: Object to form.

THE WITNESS: Generally the articles that were sent to me.

QUESTIONS BY MR. PENDELL:

Q. Anything else?

A. And -- well, I don't have them separated out by the cases, so there are some depositions for the other cases that I've read.

Q. Anything else that you can think of?

A. Not off the top of my head.

Q. Do you know personally or by reputation any of the other experts disclosed by the defendants in this case?

A. I know of -- well, like I said, it's hard for me to tease out the defendants for this case and the defendants for the opioid NAS litigation.

Q. So let me ask you this. Let me ask you a little broader question then.

Do you know personally or by reputation any expert disclosed in any of the opioid cases that you're aware of?

A. I know Anna Lembke.

Q. How do you know Dr. Lembke?

A. I've worked with her for the American College of Academic Addiction Medicine.

Q. How long have you worked with Dr. Lembke?

A. I have not personally worked with her. I mean, I know her from that, but I have known her for probably three or four years.

Q. So you know her work because of being on that?

A. Yeah.
Q. Do you have an opinion of Dr. Lembke?
MS. FUJIMOTO: Object to form.
THE WITNESS: I think Dr. Lembke is a -- a good addiction medicine provider.
QUESTIONS BY MR. PENDELL:
Q. Have you -- I'm sorry, were you finished?
A. Yeah.
Q. Have you read any of Dr. Lembke's reports from the opioid cases that you've been involved with?
A. I have read her report for the opioid litigation.
Q. In Washington?
A. In Washington, yes.
Q. Sitting here today, do you recall anything in the report you read of hers that you disagree with?
MS. FUJIMOTO: Object to form.
THE WITNESS: Again, I think Dr. Lembke, as do all of the litigation witnesses, tend to

oversimplify the prescribing of medications and look at it somewhat with 20/20 hindsight.

QUESTIONS BY MR. PENDELL:

Q. And any other opinions, or is that the only one that stands out?

MS. FUJIMOTO: Object to form.

THE WITNESS: That's the one that stands out right now.

QUESTIONS BY MR. PENDELL:

Q. Sitting here today, do you know if you plan to use any demonstratives at trial?

A. What do you mean by "demonstratives"?

Q. Like a PowerPoint presentation or a graph that, you know, you'd use to supplement your testimony or to illustrate your testimony?

A. Not -- not -- no.

Q. Have you met with or spoken to any other expert witnesses in this case?

A. I have not.

Q. How about experts from the Washington opioid case, have you met with or

spoken to any of them?

A. Not regarding this case, no.

Q. And you did not speak with or meet with any other lawyers representing Cardinal Health or ABDC in this case, correct?

A. Not to my knowledge, no.

Q. Did you meet with or speak to any fact witnesses in this case?

A. Not to my knowledge, no.

Q. And you did not speak to any medical professionals in Huntington or Cabell County, West Virginia, that treat pregnant women with OUD, correct?

A. Not in those particular counties, no.

Q. Have you done so anywhere in the state of West Virginia?

A. Not regarding this case. I do know a provider from West Virginia.

Q. And who is the provider you know from West Virginia?

A. I work with him on the FASDH champions. I don't recall his name off the top of my head.

Q. Do you recall the last time you spoke with that provider?
A. It was a couple of years ago.
Q. Have you spoken with any medical professionals in Huntington or Cabell County, West Virginia, that deliver babies born with opioid-related NAS?
A. I have not talked to anybody recently.
Q. Have you spoken to anyone in Huntington or Cabell County, West Virginia, that provide medical care for children born with opioid-related NAS?
A. I have not, no.
Q. Have you spoken with any medical professionals in Huntington or Cabell County, West Virginia, at all?
A. Not to my knowledge.
Q. Anybody else you spoke to or met with about this case or the opioid cases in general that I have not already asked you about?
A. No, not to my knowledge.
Q. Do you plan to be at trial in October?

A. Well, it depends. I'm not allowed to -- it depends on the situations and COVID. I'm not allowed to have nonessential travel, based on my employment.

Q. Understood.

And now you've got those terrible fires to deal with about, so, crazy.

What, if any -- well, strike that.

Is there any information that you're aware of, sitting here today, that you did not have, that you need, to give your opinions at trial?

A. Not that I'm aware of, no.

Q. Is there any information that you do not have, sitting here today, that would strengthen or weaken your opinions?

A. No, not that I'm aware of.

Q. Are there any facts you can think of you did not have at the time you wrote this report that would influence or change your opinions?

A. Not that I know of, no.

Q. And, Doctor, can you say to a reasonable degree of medical certainty that

opioid-related NAS does not cause permanent harm or developmental delays?

MS. FUJIMOTO: Object to form.

THE WITNESS: I can say with reasonable medical certainty that there -- the developmental delays that -- or problems that might be seen are multifactorial and not just secondary to opioids and secondary to many other factors, including poverty, smoking, alcohol and other substances.

QUESTIONS BY MR. PENDELL:

Q. Is the science on this issue settled, or is it still emerging?

MS. FUJIMOTO: Object to form.

THE WITNESS: I would say the science -- we've known and studied babies with neonatal abstinence syndrome for over 50 years, and I think the science is pretty settled that it is multifactorial.

QUESTIONS BY MR. PENDELL:

Q. Well, let me ask you this: When you say that we studied babies with NAS for 50 years, have we specifically studied

babies with opioid-related NAS for 50 years?

MS. FUJIMOTO: Object to form.

THE WITNESS: Yes. I mean, the treatment of opioid use disorders with methadone has been used for pregnant women for over 50 years, and we have over 50 years of looking at those children.

QUESTIONS BY MR. PENDELL:

Q. Has the science related to opioid-related NAS been as thorough or robust as the science related to tobacco-related development issues with regards to infants?

MS. FUJIMOTO: Object to form.

THE WITNESS: Well, I think -- I think tobacco-related developmental issues is still also being studied.

QUESTIONS BY MR. PENDELL:

Q. Is the science as robust for opioid-related NAS as it is for fetal alcohol syndrome?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, we have a lot of information on fetal alcohol syndrome and has shown much more

deleterious effects than opioid use disorders.

QUESTIONS BY MR. PENDELL:

Q. It's also been more studied, hasn't it, Doctor?

MS. FUJIMOTO: Object to form.

THE WITNESS: I think alcohol use disorders has been studied and fetal alcohol syndrome has been studied, but so has opioid use disorders.

QUESTIONS BY MR. PENDELL:

Q. Yes, but fetal alcohol syndrome has been studied more than opioid-related NAS, correct?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, because it is a specific syndrome, whereas there is no specific syndrome for opioid use disorders, NAS, opioid-related NAS.

QUESTIONS BY MR. PENDELL:

Q. That's yes, correct?

A. I'm not stating yes, no.

Q. You're not saying -- so are you saying no?

A. I -- restate your question.

And I am saying that the -- the science has been studied for many years. There is a lot of information on opioid-related NAS and the long-term effects. There is a lot of studies looking at fetal alcohol syndrome and their long-term effects. And we know for a fact that fetal alcohol syndrome is much more deleterious to the developing fetal brain.

Q. And so my question was: Do you agree that the research and science on FAS is more robust and deeper than the science and study on opioid-related NAS?

MS. FUJIMOTO: Object to form.

THE WITNESS: I do not agree with that.

QUESTIONS BY MR. PENDELL:

Q. Doctor, although you provide a -- the materials -- on the materials considered relied on at the end of your report, there's no citations in your report to point me to where you're getting the information that you're producing.

So if we look, for example, on

page 6 of your report, the very first full paragraph, that first sentence you say, "Women who are prescribed opioids for acute pain and even chronic pain, while pregnant or otherwise, and who do not have another substance use disorder, including tobacco, will have a low risk of developing an opioid use disorder. One study showed that for women who had a cesarean section and were prescribed opioids, the risk of developing an opioid use disorder is approximately 1 in 300."

Do you see where I'm reading from?

A. Yes.

Q. Aside from reading every line of all the documents that you have on your reliance list, is there a way for me to figure out where that came from?

A. I could tell you it was -- I'm looking through the list. I can't tell you off the top of my head, but I know that it was a study on opioid use disorders after prescribing -- after prescriptions of -- and I believe it was probably cited in the Ecker

study and also -- because it was Brian Bateman whose work that is.

Q. Similarly on page 7, it's the third sentence of the second full paragraph where it says, "Among women who had an OUD during pregnancy, up to 97 percent also use tobacco."

Do you see that?

A. Yes.

Q. Do you know what material that statement came out of?

A. That is from different treatment facilities. I know from my own -- you know, just talking to other treatment facilities, I know for my own treatment it was about 67 percent, and so that would have been my own study. But some other opioid treatment centers have quoted up to 97 percent.

So, again, this is my own knowledge.

Q. So my question is -- I mean, so is there a reason why you didn't provide citations in the report? Because I mean, I --

A. I was --
Q. Go ahead.
A. I was counseled by my --
MS. FUJIMOTO: Objection.
THE WITNESS: -- counsel to --
MS. FUJIMOTO: Wait. Wait.
Wait. I'm going to object to form.
THE WITNESS: Okay.
MS. FUJIMOTO: And -- okay?
I'm going to object to form, Mike.
You know there's no obligation on
that.
But go ahead, Tricia, and do
not disclose any conversations with
counsel.
THE WITNESS: Okay.
QUESTIONS BY MR. PENDELL:
Q. So I assume that you're not
going to be able to answer my question then,
correct?
A. Correct.
Q. So how am I supposed to know,
looking at your report, what came from a
study and what is based on your experience?
A. Well, I thought you read

everything.

Q. Well, I read a lot of stuff. I read all the stuff that you have quoted -- or, I'm sorry, that you cited on your reliance materials, but I can't find some of that stuff in there.

So I assume if I can't find it in what you provided, you're basing it on your personal experience; is that right?

MS. FUJIMOTO: Object to form.

THE WITNESS: My personal experience. And like I said at the beginning, I can't begin to quote all of the studies that I have read over the course of my lifetime.

QUESTIONS BY MR. PENDELL:

Q. You understand, though, that under the rules that as plaintiff -- the plaintiffs have a right to understand what it is that is the basis or forms the basis of your opinion.

You understand that, correct?

A. Correct.

And like I said, I have been doing this for 13 years and have many things

that form the basis of my opinion that I can't particularly cite.

MS. FUJIMOTO: And let me just interject and state for the record, Mike, that you know that there is no requirement that every sentence or opinion be footnoted, particularly in situations where numerous studies can support numerous different opinions with lots of different data points.

She provided the materials reviewed list and has explained what that was intended to capture.

MR. PENDELL: I appreciate the speaking objection, but you also know that there's not a single citation anywhere in this report to anything. Not one.

MS. FUJIMOTO: Yes. And there is no obligation that that be done. And it's particularly appropriate when opinions can be supported by various many studies and in different respects, given the circumstances and subject matter of the opinion.

So I'm just objecting to the suggestion that somehow there was an obligation to provide footnotes and citations to every statement or opinion, because that's not the case.

MR. PENDELL: So I think -- I think -- I think the correct objection is "objection to form," period. I think that's --

MS. FUJIMOTO: Well, that's what I've been doing, Mike, until you got into this --

MR. PENDELL: I don't need you to explain to me your interpretation of the rules or what you think the rules require.

QUESTIONS BY MR. PENDELL:

Q. Because what we can do, Doctor, is I can go through this report line by line, and after every sentence ask you whether or not that is based on one of the reliance materials that you have in the back of your report or whether or not that's anecdotal evidence based on your experience through the years.

I'd prefer not to do that because we'll be here all day.

So I'm just trying to figure how I or anybody else in this case is supposed read your report and figure out what is based on actual literature and studies versus what you are anecdotally saying based on your observations.

Is there a way for anybody to do that, looking at your report?

MS. FUJIMOTO: Besides looking at her materials reviewed list?

MR. PENDELL: The question is for the doctor, Ms. Fujimoto.

MS. FUJIMOTO: Object to form.

THE WITNESS: I am saying that many studies form the basis of my opinions, and it is hard to come up with one specific study when many studies show this.

QUESTIONS BY MR. PENDELL:

Q. And in some instances, you did not come up with any studies to show this?

MS. FUJIMOTO: Object to form.

THE WITNESS: In some instances

if there is no studies that -- that -- or many, many studies that support this, it comes up with the basis of my opinion, or it is from my experience from treating the women that I treat.

QUESTIONS BY MR. PENDELL:

Q. And again, just looking at the face of your report, there's no way for us to distinguish which statement is based on many, many studies versus what you have seen anecdotally in your practice, correct?

MS. FUJIMOTO: Object to form.

THE WITNESS: I usually have said that studies have shown versus if it is from my experience, I have cited specific instances.

QUESTIONS BY MR. PENDELL:

Q. All right. So let's look at page 8 of your report. It's the second full paragraph, the sixth sentence of that paragraph.

Let me know when you're there, Doctor.

A. Is this -- I don't have line numbers on mine. "The timing of" -- the

paragraph starting "The timing of drug exposure"?

Q. So, yeah, it starts -- correct. And the sentence I'm particularly focused on says, "The great majority of studies looking at the relationship with opioid exposure and birth defects have found no association with NAS or opioid exposure."

Do you see that?

A. Yes.

Q. Can you name for me the studies you're referring to here?

A. There are many, many studies that have shown this when they are controlled for the opioid exposure. There's too many to name here.

Q. Can you name me a single study? I just want the name of one.

A. I can go -- you know, if you look through the Ecker study, that would have a list -- because that's a pretty large paper, that would have a list of studies looking at opioid exposure and birth defects.

Q. I don't want to look at the Ecker study. I want to know whether you,

sitting here today, can name for me a single study for that proposition.

MS. FUJIMOTO: Object to form. She just named Ecker.

MR. PENDELL: No, I think she said that I could look at Ecker to find those studies.

QUESTIONS BY MR. PENDELL:

Q. I'm wondering whether you can name for me one of those studies.

A. Through my --

MS. FUJIMOTO: Object to form. Go ahead.

THE WITNESS: I'm looking through the source materials to find you something.

I would go with Beth Logan's study. I would go with Merhar's study.

QUESTIONS BY MR. PENDELL:

Q. I'm sorry, Doctor, are you done? I didn't know if you were still thinking or --

A. I was just looking at the -- and Jarlenski's study.

Q. Okay. Similarly on page 5 of your report?

A. Uh-huh.

Q. First sentence of the second -- so you see the heading that says, "Women who use opioids and other substances during pregnancy are a diverse group"?

A. Yes.

Q. The first sentence of that second paragraph where it says, "The majority of women who use opioids during pregnancy have polysubstance use or misuse, meaning they use or misuse a number of different substances during their pregnancy."

Do you see that?

A. Yes.

Q. Is there a particular study you were getting that from, or is that based on your clinical practice?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, my clinical practice and many, many studies, including looking at Loudin's report. He specifically, throughout his report, states that the majority

of women use polysubstances.

QUESTIONS BY MR. PENDELL:

Q. Doctor, what is the MOTHER study? Are you familiar with the MOTHER study?

A. I am familiar with the MOTHER study.

Q. What can you tell me about that study?

A. It is a double-blinded, randomized, controlled trial of methadone versus buprenorphine for the treatment of opioid use disorder and the relationship that -- the primary outcome was the occurrence of NAS and need for treatment for NAS.

Q. And you cited that study because -- strike that.

Doctor, do you believe that that study supports the opinions you're offering in this case?

A. I believe that, yes -- well, the original study was just about the incidence of NAS, but they have done long-term outcomes based on that study, yes,

which form some of the basis of my opinions.

Q. So on page 6 of your report, Doctor, there is -- I'm sorry, strike that. I've lost my place.

On page 9 of your report, there is a -- let me find that for you. It's the -- starting the very first full sentence on the page where it says, "Because of the variability of the symptoms."

Are you following me?

A. Yes.

Q. "In the largely unfounded fear of severe consequences, the majority of infants in this country have traditionally been overtreated, usually in the neonatal intensive care units, which is expensive and in most cases unnecessary and counterproductive."

A. Yes.

Q. "More recently, the protocols for hospitals have been changing, leading to a lot fewer infants needing treatment. These new protocols rely on keeping mothers and infants together, which require a mom be healthy enough to care for the infant and

thus being treated for her own medical condition, either the chronic pain or the opioid use disorder."

What materials are you relying on for this statement or these series of statements?

A. Again, from my experience and then also -- even in Loudin's report, he talks about the different protocols that he has been using in getting patients out of the neonatal intensive care for the treatment of NAS. The studies out of Yale support this. So it's not just one study; it's many studies.

Q. And, Doctor, isn't it true it's not that these babies don't need treatment, it's just that they -- that fewer of them require medication?

MS. FUJIMOTO: Object to form.

THE WITNESS: Correct. And the treatment is keeping moms and babies together and nonpharmacologic treatment.

QUESTIONS BY MR. PENDELL:

Q. Mom is the medicine in this

situation, right?

A. Correct.

Q. Have you heard that saying before, mom is the medicine?

A. Yes.

Q. Doctor, in your clinical practice, you keep medical records of your patients, correct?

A. Correct.

Q. You practice to keep accurate records, correct?

A. Correct.

Q. And you would never put something in one of your patient's records that you did not believe to be true, correct?

A. Correct.

Q. So if you wrote a diagnosis in one of your patient's records, it's because you believed, based on your medical expertise, your training, your experience and your personal integrity that it was an accurate diagnosis; is that fair?

A. That is fair.

Q. And you'd have no reason to do otherwise; isn't that right?

A. That is correct.
Q. You don't create records for your patients for the purpose of future litigation, correct?
A. No, I keep records for my patients for -- no. Why would I do that?
Q. You don't create records for the purpose of some future medical study, correct?
A. No.
Q. Your goal is to be accurate because you're treating a human being and you want to do the best job possible; isn't that right?
A. Correct.
Q. And you agree with me that the vast majority of treating physicians follow those same standards and practices that we just talked about, right?
A. That is correct.
Q. What's an ICD-9 or -- let me do this. What's an ICD-9/10 code?
A. That is a billing code.
Q. What -- and what is the purpose of using the ICD-9 or 10 codes?

A. That is a billing code so that the physician or practitioner can be paid by the insurance company.

Q. Okay. And do you treat Medicare or Medicaid patients in your practice ever?

A. I do.

Q. And you understand that when treating a Medicare patient or a Medicaid patient -- are you required by law to use the ICD-9/10 code system?

A. I am.

Q. And you understand that Medicare and Medicaid rely on the ICD-9/10 codes, correct?

A. Yes.

Q. And when you use those codes, you try to be accurate when you use them; is that correct?

A. I try to be accurate as much as possible. Some of the codes don't match up to the diagnosis, and I think I said that in the report.

There is an obligation to be accurate; however, if the code is not

existent -- or some physicians don't put the whole code in because of fatigue and other reasons.

So there are a lot of reasons not -- that they are not complete, and that was my point when I made that in the -- in the report.

Q. In your experience, does Medicare or Medicaid reimburse for doctors when their ICD-9 or 10 codes are not complete?

A. There are some ICD-9 codes and 10 codes that are not reimbursed, correct.

Q. So in order to get reimbursed, a doctor would have to complete that portion of the paperwork, correct?

A. That is correct.

MR. PENDELL: I'm getting pretty close to the end, Ms. Fujimoto, if you want to just keep going. I figure we can be done in ten minutes unless you want to take a break. Or, Doctor, if you would like to take a break, we can do that, but we're getting pretty close.

THE WITNESS: Okay.

MS. FUJIMOTO: Dr. Wright, if you're good to finish it up, I am, too.

THE WITNESS: Yeah, I'm fine.

QUESTIONS BY MR. PENDELL:

Q. Doctor, have you ever personally ever taken a prescription opioid?

MS. FUJIMOTO: Object to form.

THE WITNESS: I have been prescribed opioids. I have taken them for -- after a surgery.

QUESTIONS BY MR. PENDELL:

Q. Have you ever taken them for a chronic condition?

A. No.

Q. Have you ever known anyone who became addicted to opioids that started on a prescription opioid?

MS. FUJIMOTO: Object. Form.

THE WITNESS: I mean, I've treated patients that have started misusing prescription opioids, but generally not something that I have prescribed them for.

Yes, it is something that is -- it happens.

QUESTIONS BY MR. PENDELL:

Q. And have you ever spoken to a patient that you've treated who was using heroin that told you they started down the road to heroin first from prescription opioids?

MS. FUJIMOTO: Object. Form.

THE WITNESS: Again, usually they start with something else besides prescription opioids.

QUESTIONS BY MR. PENDELL:

Q. Okay. Like what?

A. Like alcohol.

Q. Have any of them ever tied their use of heroin to their use of prescription opioids?

MS. FUJIMOTO: Object to form.

THE WITNESS: Yes.

QUESTIONS BY MR. PENDELL:

Q. You've heard that before?

A. I have heard that from a few patients, not the majority. The majority use other substances first, including alcohol and

tobacco.

Q. And with regards to that majority you're talking about that have used alcohol or tobacco, have they gone from alcohol or tobacco straight to heroin, or was there prescription opioids in between?

MS. FUJIMOTO: Object to form.

THE WITNESS: There has been both.

QUESTIONS BY MR. PENDELL:

Q. And what's the percentage of folks who went straight to heroin after using tobacco that -- that -- versus the amount of folks that went from tobacco to prescription opioids to heroin?

MS. FUJIMOTO: Object to form.

THE WITNESS: I don't know off the top of my head.

QUESTIONS BY MR. PENDELL:

Q. Pretty unusual, Doctor, for someone to wake up one morning and just decide they're going to shoot heroin, isn't it?

A. It's not unheard of.

Q. It may not be unheard it, but

it's pretty unusual, isn't it?

A. It's not -- not where I am now, no.

Q. So how many patients do you have that have OUD that had never touched an opioid in their life and just started shooting heroin?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, I don't know off the top of my head, but there is a percentage that go from alcohol, tobacco, cannabis and then heroin without going to prescription opioids.

QUESTIONS BY MR. PENDELL:

Q. Do you keep track of that number?

A. I do not keep track of that number, no.

Q. Does anyone associated with the University of California that you know of keep track of that number?

A. I'm sure someone does. It's a very big institution.

Q. Have you ever read any studies regarding the correlation of pills to heroin?

A. I have seen some studies, yes.
Q. Let me ask you: When you say you've seen some studies, what do you mean by that?
A. I've read some studies, yes. I've read some studies otherwise, too.
Q. Is that -- what area of medicine would you consider that? Is that epidemiology?
MS. FUJIMOTO: Object. Form.
THE WITNESS: I mean, there's studies in -- that use epidemiology in medicine. I would say there are studies in other areas of medicine that -- yeah, restate the question, please.
QUESTIONS BY MR. PENDELL:
Q. Sure.
I was just wondering -- I was asking you questions about whether you've seen any studies related to the correlation between prescription opioids and heroin.
You said yes, you'd seen some. We talked about that.
And then I was asking you

what area of specialty would be involved in a study like that, whether it was epidemiologists.

MS. FUJIMOTO: Object to form.

THE WITNESS: Yes, epidemiologists are usually involved in kind of -- in that sort of studies.

But my point, and I was getting lost in it, is that other medical specialties besides epidemiology do those kind of studies, and not necessarily with the scientific rigor of an epidemiologist.

QUESTIONS BY MR. PENDELL:

Q. Have you ever done one of those studies?

A. Not on prescription opioids, but I have done studies looking at some of the incidence of opioid use disorders -- or not opioid use, of substance use disorders.

Q. But none specifically focused on the correlation between prescription opioids and heroin?

A. No. I have not myself.

Q. Doctor, do you believe that

there is an opioid addiction crisis in the country right now?

MS. FUJIMOTO: Object to form.

THE WITNESS: There is a -- there is a current -- I mean, addiction is a constant throughout our country. Currently, there is more opioids than other substances. However, you know, the great majority of people with addiction use alcohol and tobacco and cannabis.

So to say that it's all a crisis of opioids when it's multi-substances -- and various substances throughout the course of history have gone up and down.

Where I was in Hawaii, it was more methamphetamines, and same with here in California.

QUESTIONS BY MR. PENDELL:

Q. Are there more people abusing opioids today than there were 20 years ago?

MS. FUJIMOTO: Object to form.

THE WITNESS: I think that's debatable because it's gone down and

up. And I think the current attention being forced on it, I would actually say, is a form of racism because it's affected white people, whereas before it was affecting communities of color.

QUESTIONS BY MR. PENDELL:

Q. So is it your position that the opioid crisis in America right now is only affecting white people?

MS. FUJIMOTO: Object to form.

THE WITNESS: I didn't say that.

QUESTIONS BY MR. PENDELL:

Q. And I'm just trying to understand --

A. I said that it was getting attention because it was affecting white people.

Q. I'm just trying to understand what it is you're saying. So I'm not trying to imply anything, Doctor; I'm just trying to understand what it is you're trying to say.

So to summarize, so I understand I -- so that I understand what you're saying is that the reason it's getting

attention is because it's also affecting white communities; is that fair?

A. Correct.

Q. Do you believe that the pharmaceutical industry is at least partly to blame for the opioid crisis of the last decade or so?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, it's multifactorial. I think there was many things contributing to what we look in retrospect as an overprescription, including the drug manufacturers, including JCO, including the loss of jobs in West Virginia and other places.

So I don't think it's one person or one company or one industry to blame.

QUESTIONS BY MR. PENDELL:

Q. Do you believe that the opioid distributors played any part?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, it's multifactorial and it's hard to say,

you know.

Distributors, I don't think, have any say in who gets prescribed opioids, and they are just doing their -- you know, like I said, opioids are -- distributors have no say in who gets prescribed it.

QUESTIONS BY MR. PENDELL:

Q. They have a saying where the opioids get shipped though, don't they?

A. I think they have --

MS. FUJIMOTO: Object to form.

THE WITNESS: -- an obligation to ship the opioids to where they're requested.

QUESTIONS BY MR. PENDELL:

Q. Do you believe they have an obligation to follow the law?

A. I think everybody has the obligation to follow the law. So I don't have any comment on the specifics of that in regards to this case because I'm not a lawyer.

Q. And you've not done any research into what specifically McKesson was

alleged to have done in West Virginia, correct?

A. That is correct.

Q. You've never been to Huntington, West Virginia, have you?

A. I have not been to Huntington, West Virginia.

Q. How about Cabell County, have you ever been there?

A. Not to my knowledge. I drove through West Virginia.

Q. How long ago was that?

A. Oh, about 20, 25 years ago.

Q. Do you know whether there is an opioid addiction crisis in Huntington, West Virginia, sitting here today?

A. Well, I've -- from what I've read from the -- Dr. Loudin's report and from what I've seen, there's a perceived opioid crisis there.

Q. Do you have any knowledge or information to refute that position or that statement?

MS. FUJIMOTO: Object to form.

THE WITNESS: I'm sorry, I

don't -- I don't understand.

QUESTIONS BY MR. PENDELL:

Q. Sure.

I think you had said something along the lines that based on what you read in Dr. Loudin's report, that's the assertion that's being made, that there's an opioid crisis in Huntington, West Virginia.

And my question is, do you have any specific information to refute that assertion?

MS. FUJIMOTO: Object to form.

THE WITNESS: Again, I can only go with what I've read from Dr. Loudin's report and the facts that have been given there.

QUESTIONS BY MR. PENDELL:

Q. Same answer for Cabell County?

A. Yes.

Q. Doctor, do you use Twitter?

A. I do.

Q. What's your Twitter handle?

A. TRICIAEWRIGHTMD.

Q. And do you ever re-tweet other people's posts?

A. I do.
Q. What's the purpose of doing that?
A. Usually to amplify, not always to agree, but to amplify what they've said.
Q. What does that mean, amplify?
A. Just to get it out to a broader audience.
Q. And if you re-tweet another person's post without comment, does that mean you're agreeing with the post or endorsing the post or --
A. Generally, yes. Sometimes I hit the wrong button, and you can't un --
Q. Yeah.
Do you use Instagram for professional reasons?
A. No, not professionally. I have an account, but I rarely go on it.
MR. PENDELL: Ms. Fujimoto, if we could just take five minutes, I just want to consult with my colleagues, and we may be done.
MS. FUJIMOTO: Sure. Sure.
VIDEOGRAPHER: 1:24, we are off

the video record.

(Off the record at 1:24 p.m.)

VIDEOGRAPHER: 1:32. We are on the video record.

MR. PENDELL: Dr. Wright, if, after this deposition is over, you change your mind about any of your opinions, or you look at or consider additional documents or information that you have not already looked at, regardless of whether or not they change any of your opinions, I just ask that you let Ms. Fujimoto know so that she can take the necessary steps to let me know.

But other than, Doctor, I want to thank you very much for your time. I know that you're very busy, and I've enjoyed speaking with you and I appreciate your time.

THE WITNESS: Well, thank you.

MS. FUJIMOTO: Thanks so much. No questions here.

VIDEOGRAPHER: Okay. 1:32 p.m. We are off the video record.

This concludes the video deposition of Dr. Tricia Wright.

(Deposition concluded at 1:32 p.m.)

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CERTIFICATE

I, CARRIE A. CAMPBELL, Registered Diplomate Reporter, Certified Realtime Reporter and Certified Shorthand Reporter, do hereby certify that prior to the commencement of the examination, Tricia Wright, M.D., was duly sworn by me to testify to the truth, the whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a verbatim transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth, to the best of my ability.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

Carrie A. Campbell

CARRIE A. CAMPBELL,
NCRA Registered Diplomate Reporter
Certified Realtime Reporter
Notary Public

Dated: September 22, 2020

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Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.

After doing so, please sign the errata sheet and date it. You are signing same subject to the changes you have noted on the errata sheet, which will be attached to your deposition.

It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.

ACKNOWLEDGMENT OF DEPONENT

I,_____, do hereby certify that I have read the foregoing pages and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

_____

Tricia Wright, M.D. Date

Subscribed and sworn to before me this

_____ day of _____, 20 _____.

My commission expires: _____

Notary Public

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ERRATA

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